



COLLOIDAL IODINE FORMULATIONS

JCI MN Colloidal Iodine®

***Beware of imitations**

Many cancer and intractable disease patients have already
resumed a daily life
by taking colloidal iodine therapy with less side effects.



Sri Lanka
Ayurveda Province
New drug approval

21st century: A challenge to cancer and intractable diseases Colloidal Iodine Solution - JCI MN Colloidal Iodine®

Since 1981, cancer has been the top cause of death in Japan and its number was 378,356 in 2020. We are facing the reality that one in two Japanese would have cancer and one in three would die from cancer. Subsequently, the list of causes of death in Japan is followed by cardiac disease (205,518), pneumonia (78,445) and cerebrovascular disease (102,956), and these top 4 causes account for a little less than 60% of the total number of deaths.

However, revolutionary treatment has not yet been discovered for cancer. Moreover, many people are suffering from intractable diseases which causes are unknown and without established treatments. We developed colloidal iodine solution (JCI MN Colloidal iodine®) for helping people who are suffering from cancers and intractable diseases.

Colloidal iodine therapy in integrative medicine

In modern medicine, symptomatic therapies are mainly adopted that only affect its symptoms, not its causes. However, causal therapy or drastic therapy which draws out the spontaneous cure or enhances the immune strength have come to draw a lot of attention.

Since JCI MN Colloidal Iodine® stimulates metabolism and improves the immune system, it is very effective for improvement of the natural healing powers inherent in the human body. Therefore, it has efficacy on below-mentioned diseases.

Adaptation to diseases

- Various types of cancer (including terminal cancer)
- Angiopathy (brain, heart etc.)
- Autoimmune disease and allergy
- Viral disease (including AIDS)
- Cerebroopathy (such as epilepsy)
- Diabetes and kidney disease
- Intractable diseases
- Disease prevention (including radiation injury)

What is JCI MN Colloidal Iodine® ?

In a human body, 16 essential mineral and metal elements exist which generate vital force for cells. Iodine is one of them and an element. Colloid chemistry is a field of chemistry in which these substances are divided finely and converted to the size that the cells of a creature can use.

In a natural state, these substances are supplied in a colloidal form* to cells. It is possible now to prepare chemical colloidal substances.

Iodine exists in the thyroid gland. It is necessary for the production of thyroid hormones. Thyroid hormones are essential hormones for human body and play important roles in increasing metabolism, growth promotion, nutrient absorption and generating energy.

JCI MN Colloidal Iodine® developed by applying colloid chemistry, is containing ultra-fined iodine which can be easily taken into cells consisting tissues and organs of a human body. In JCI MN Colloidal Iodine®, iodine is combined with hydrogen so that the cells can use it without toxicity.

colloidal form*

Larger than a molecule, but invisible through a normal microscope.

A state in which particles about 10^{-9} to 10^{-7} m in diameter disperse in gas, liquid or solid.

Advantages of colloidal iodine therapy

Many cancer patients (most of them are terminal cancer patients) have dramatically improved their health by taking this JCI MN Colloidal Iodine® with fewer below-mentioned disadvantages of conventional cancer therapy.

Conventional cancer therapy	Disadvantages
Surgery	Great damage on the human body, and there is a risk of reoccurrence if cancer has spread to other parts
Chemotherapy	Often be associated with adverse reactions
Radiation therapy	Not effective for some types of cancer

Advantages of JCI MN Colloidal iodine® are

- Can kill only cancer cells
- Does not injure but activates normal cells
- May have fewer side effects
- Without drug tolerance
- No cumulative effects

Colloidal iodine can kill only cancer cells, does not injure but activates normal cells. And it may have fewer side effects than other types of cancer therapies, does not cause drug tolerance. On the other hand, cancer cells become resistant to many medicines, especially anticancer drugs.

In addition, colloidal iodine does not have bioaccumulation potential. Colloidal iodine works 2 hours and excreted safely by the body. So that means it is desirable to take every 2 hours for oral administration. On the other hand, it is said that it takes 2 years to excrete anticancer drug safely (needless to say, the duration depends the type of anticancer drug).

Reactions

In response to colloidal iodine therapy, following reactions may occur. Systemic fever, especially for injection, and eczema, diarrhea, swollen lymph nodes and local pain. This local pain occurs on cancer part. Then, sharp increase in tumor marker level. It is because that when many cancer cells are broken all at once, tumor markers are released and enter the blood.

- Fever
- Eczema
- Diarrhea
- Swollen lymph nodes
- Local pain
- Sharp increase in tumor marker level

Administration of JCI MN colloidal iodine®

Oral administration

Colloidal iodine solution is basically taken by oral administration 30mL/dose. There are two types of oral solution, normal type for all diseases and low concentration type for disease prevention.

Intravascular injection

Injection is especially for leukemia, AIDS and terminal cancer. And for the patient with esophageal or stomach cancer and cannot drink and eat, and who wants to make the cure so much faster, injection is very effective.

Inhalation

Inhalation by turning colloidal iodine solution into a fine mist that can be inhaled. It is effective for lung cancer and bronchial asthma.

The following infusions are under study.

Intrapleural and intraperitoneal infusion for pleural effusion and ascites.

Intestinal infusion for rectal cancer

Intravaginal for cervical cancer and intravesical infusion

Directly infusion to tumor

We have also developed Colloidal Iodine Cream and Colloidal Iodine Ophthalmic Solution.



Colloidal Iodine Formulations

	<p>JCI MN Colloidal Iodine Injection (50mL)</p> <ul style="list-style-type: none"> ● Cancer, intractable disease and other diseases <p>Various types of cancer (including terminal cancer), angiopathy (brain, heart etc.), autoimmune diseases and allergies, viral diseases (including AIDS), cerebropathy (such as epilepsy), diabetes and kidney disease and other intractable diseases</p>
	<p>JCI MN Colloidal Iodine Solution (500mL)</p> <ul style="list-style-type: none"> ● Cancer, intractable disease and other diseases <p>Various types of cancer (including terminal cancer), angiopathy (brain, heart etc.), autoimmune diseases and allergies, viral diseases (including AIDS), cerebropathy (such as epilepsy), diabetes and kidney disease and other intractable diseases</p>
	<p>JCI MN Kothaladine (1,000mL)</p> <ul style="list-style-type: none"> ● Diabetes,Hyperglycemia,Edema
	<p>JCI MN Colloidal Iodine Solution for Pre-diseases (1,000mL)</p> <ul style="list-style-type: none"> ● All diseases <p>Prevention and relapse prevention of above-mentioned diseases and prevention of radiation injury.</p>
	<p>JCI MN Colloidal Iodine Inhalation (100mL)</p> <ul style="list-style-type: none"> ● Cancer(lung,pharynx,larynx,tongue),Bronchitis,Asthma,Emphysema,Tuberculosis
	<p>JCI MN Colloidal Iodine Cream (30g)</p> <p>Eczema (including keratoderma tylodes palmaris progressive and seborrheic eczema), psoriasis, pustulosis palmoplantaris, allergic dermatitis, housewife's eczema, hives and other skin infections.</p> <ul style="list-style-type: none"> ● Skin lesions <p>Scratches, injuries, burns, surgical wounds, sunburn, razor rashes, medicamentous dermatitis, contact dermatitis, metallic allergy, scalp lesions, and other skin lesions.</p> <ul style="list-style-type: none"> ● Age-related skin change <p>wrinkles, age spots, dullness of the skin, rough skin</p> <ul style="list-style-type: none"> ● Makeup base ● Lip lesions (chapped lips, cuts and wounds)
	<p>JCI MN Colloidal Iodine Ophthalmic Solution (30mL)</p> <ul style="list-style-type: none"> ● Eye diseases and prevention of: <p>Eyestrain, eye floaters, glaucoma, dry eye, eye infections and other diseases.</p>

The recovered cases by oral and intravenous use of
JCI MN Colloidal Iodine®

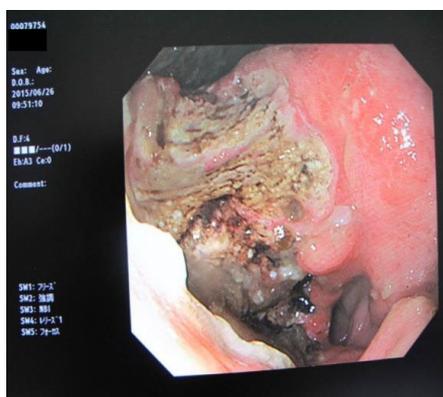
Case① 81-year-old female unresectable gastric cancer in stage IV

Clinical course) An 81-year-old woman came to our clinic with a complaint of poor appetite and decreased body weight. She was discovered to have a widespread tumor from the gastric angulus to antrum on intragastric endoscopy. Between advanced age and poor systemic condition, the cancer was considered unresectable and the patient was scheduled to receive low dose chemotherapy and thermotherapy with hyperbaric oxygen treatment with colloidal iodine.

Treatment) Chemotherapy with 60 mg/day of oral TS-1 and 10 treatments of hyperthermia with concomitant colloidal iodine 200 mL x 2 doses/day for 10 days were ingested.

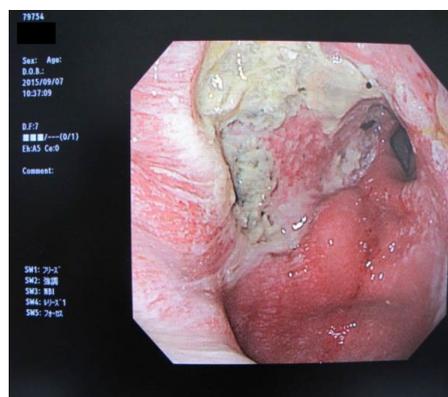
Results) Marked shrinkage of the tumor and hemostasis were observed. In 3 weeks after treatment the patient was again capable of oral alimentation.

Discussion) This case proved oral ingestion of colloidal iodine and iv infusion are safe methods of administration to patients who have high-risk complications or are of advanced age. Oral ingestion of colloidal iodine was confirmed to have a direct effect = improvement of the malignant tumor environment.



2015.6.26

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2015.9.7

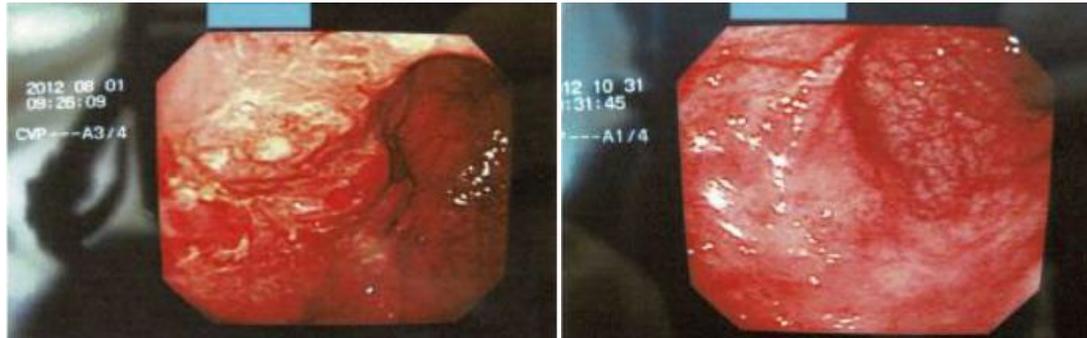
Case② 70-year-old male unresectable scirrhou cancer in stage IV

Clinical course) In January 2012 the patient received chemotherapy at another medical institution for scirrhou stomach cancer with hepatic metastases. However, due to decreased appetite and impaired hepatic function, it was decided he would be unable to undergo any further treatment.

Treatment) The patient underwent thermotherapy and hyperbaric oxygen therapy and in addition to TS-1: 80 mg/day, he was started on oral colloidal iodine.

Results) The unevenness of the gastric mucosa was gone, and 3 months later, most of the mucosal lesions had disappeared.

Discussion) While no effective treatment is currently available for scirrhou gastric cancer, colloidal iodine improved gastric mucosal lesions. It inhibited the fibroblast exosomes of gastric wall origin that lead to increases in tumor size, and improves cancer microenvironments to inhibit "cancer tissues". We believe our case provides interesting insight into the treatment method for scirrhou gastric cancer in a form of treatment effective in improving malignant tumor environments.



2012.8.1

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2012.10.31

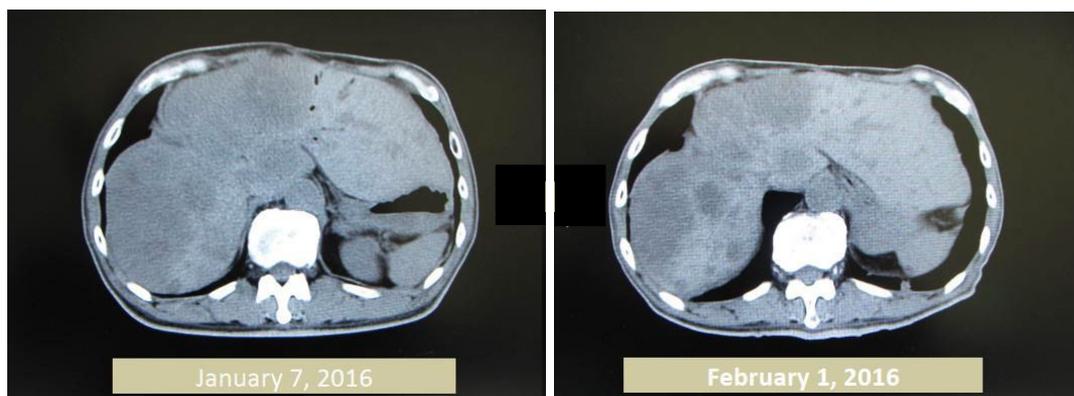
Case③ 64-year-old male, intrahepatic cholangiocarcinoma

Treatment course) In September 2014 the patient was diagnosed with intrahepatic cholangiocarcinoma which was surgically excised at Tokyo Medical University Hospital. In July 2015 he suffered a recurrence where chemotherapy proved ineffective and he was hospitalized at our institution on January 7, 2015. There, he received thermotherapy and hyperbaric oxygen therapy together with iv infusion of colloidal iodine. Symptoms improved after treatment allowing the patient to be discharged on February 14, 2016.

Treatment) 120 mg Abraxane + 150 mg oxaliplatin was given once every 3 weeks for 2 courses of chemotherapy. Colloidal iodine was given twice a day at a dose of 200 mL per dose for 10 days. Next, colloidal iodine is ingested at a dose 40 mL x 4 times a day for 30days. Thermotherapy was administered 10times.

Results) Marked improvement of CT images was observed 4 weeks after treatment. No signs of adverse drug reactions were noted after treatment.

Discussion) Intrahepatic cholangiocarcinoma is a type of tumor where chemotherapy is not very effective. Since colloidal iodine can be given as both an iv infusion and ingested orally, the drug is supplied into the liver with alleviation of the adverse drug reactions to chemotherapy while effects are potentiated. As a result, we observed very rapid efficacy on this treatment. Colloidal iodine ingestion is effective in intrahepatic cholangiocarcinoma. Oral ingestion of this formulation allows inhibition of cholangitis due to its bactericidal efficacy, and its anti-inflammatory effects improve the cancer microenvironment. Fibroblasts and cytokines are inhibited while the effects of thermotherapy and hyperbaric oxygen therapy are potentiated.

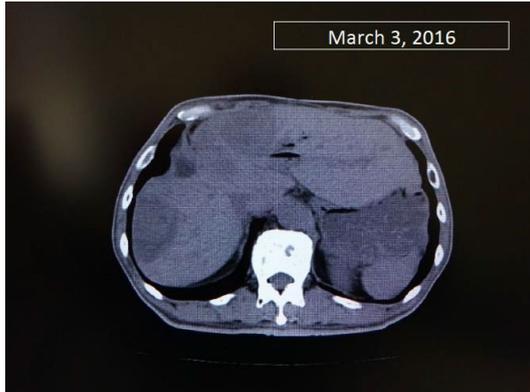


2016.1.7

⇒

2016.2.1

abraxane 120 mg + oxaliplatin 150 mg + colloidaliodine (i.v.) 200 mL x 2/day for 10 days.



2016.3.3

Case④ 92-year-old woman with Chronic lymphocytic leukemia

Clinical course) The patient was diagnosed with chronic lymphocytic leukemia in June 2014 but due to her advanced age and chronic heart failure, she was not a candidate for chemotherapy and it was decided to observe the patient. In February 2016, the WBC increased to 230,000 and the patient was admitted for treatment due to aggravation of heart failure. Treatment was started with 200 mL once daily of colloidal iodine iv infusion. On February 27, WBC decreased to 110,000, the low-grade fever resolved, and the patient was able to eat again.

Discussion) The administration of colloidal iodine is effective against chronic lymphocytic leukemia and has anti-infective effects while having no adverse drug reactions allowing safe administration.

Case⑤ 52-year-old man with unresectable rectal cancer

Clinical course) In 2015 the patient had melena which upon further evaluation was discovered to be rectal cancer. It had already metastasized to the lungs and spine, he was diagnosed with unresectable cancer and the patient came to our facility to receive thermotherapy and colloidal iodine treatment.

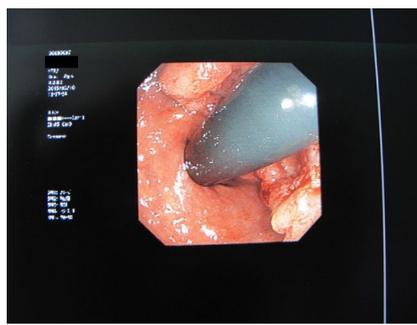
Treatment) We administered chemotherapy with XELOX treatment, thermotherapy, and hyperbaric oxygen for 10 courses each. Simultaneously, the patient received 200 mL of iv infusions of colloidal iodine once daily for 10 days and the lesion area was lavaged with the same solution using an endoscope.

Results) The massive tumor lesion that caused the melena decreased in size by 50% after 1 month of treatment and after 3 months had shrunk to a tiny lesion. Although increases in the metastases to the lungs and spine were not observed, no improvement in the metastases into the abdominal lymph nodes were noted.

Discussion) Direct effects of colloidal iodine through iv infusion and lavage of the tumor site led to direct effects on the mucosal lesion with low dose chemotherapy, thermotherapy, hyperbaric oxygen response rate, and treatment efficiency. It was confirmed safe use with no adverse drug reactions. Direct administration is a useful administration method and is believed to have contributed to shrinkage of the tumor itself



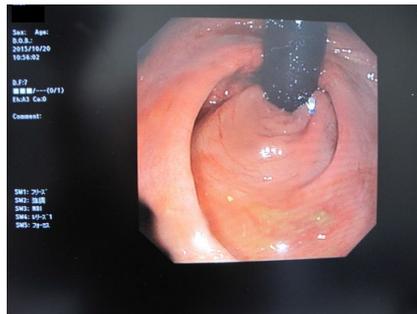
Pretreatment



⇒ After 1 month of treatment



After 2 months of treatment



⇒ After 3 months of treatment

Case⑥ 95-year-old man with unresectable gastric cancer

Clinical course) A 95-year-old man was transported by ambulance to emergency care because of hematemesis. Emergency endoscopy revealed a large hemorrhagic ulcerous lesion together with gastric cancer. Because of his advanced age and chronic heart failure, it was determined that the tumor was unresectable and it was decided to treat with low dose chemotherapy, thermotherapy, and hyperbaric oxygen together with colloidal iodine.

Treatment) 120 mg Abraxane® was administered along with thermotherapy and hyperbaric oxygen therapy for a total of 10 treatments each while colloidal iodine was given by iv infusion at a dose of 100 mL x 2 doses/day for 10 days and directly into the stomach through insertion of a Levin tube.

Results) Concurrent use of colloidal iodine iv infusion, made it possible to achieve marked shrinkage of the tumor lesion with hemostasis in just 2 weeks.

Discussion) This case shows that concomitant use of direction application of colloidal iodine potentiates the effects of chemotherapy without adverse drug effects and can safely be used in older patients. Moreover, we confirmed that lavage of the hemorrhage site has hemostatic effects. Ingested colloidal iodine is a weakly acidic solution with a pH of 7.0 but it was believed to have potent effects in removing activated oxygen to achieve hemostasis and improve mucosal lesions.



Pretreatment 2013.9.18

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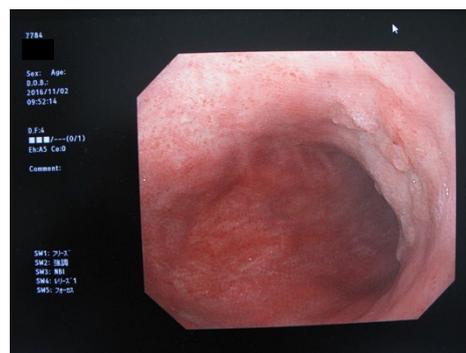
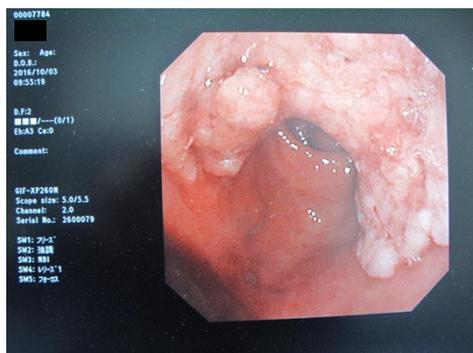
Aftertreatment2018.10.1

Case⑦ 79-year-old woman with unresectable gastric cancer

Clinical course) While being followed after pacemaker implantation in October 2016, the patient was diagnosed with gastric cancer after endoscopy for anemia. Her poor systemic condition made surgery impossible and so she was treated with only 1 dose of 120 mg Abraxane + Cyramza® (Ramucirumab) injection and oral ingestion of colloidal iodine.

Treatment) After only 1 dose of chemotherapy, the patient received 6 courses of thermotherapy and 6 courses of hyperbaric oxygen therapy. On November 2, 2016, marked improvement of the lesion was noted on intragastric endoscopy.

Discussion) In this case, direct administration led to improvement in the mucosal lesions as well, but administering colloidal iodine together with low dose chemotherapy to a patient in too compromised systemic condition to withstand surgery is not the same as direct treatment targeting cancer cells themselves. By inhibiting the fibroblasts of gastric wall origin, fibroblasts of wall origin were inhibited and cancer microenvironments are treatment targets to prevent overt adverse drug reactions for efficient and certain therapeutic results.



Pretreatment 2016/10/03 ⇒ Aftertreatment 2016/11/02

Case® 83-year-old man with unresectable esophageal cancer

Clinical course) Diagnosed in May 2014 with unresectable esophageal cancer and treated with radiotherapy and chemotherapy. Thereafter, the patient required stent placement due to esophageal narrowing. Eating issues led to the patient visiting our clinic in September 2015 to receive thermotherapy and colloidal iodine treatment. After treatment, improvement of stenosis allowed the patient to start eating again.

Treatment) Paclitaxel (Abraxane®) 120 mg + CBDCA 150 mg once every 3 weeks for 2 courses, 10 thermotherapy sessions, and 200 mL of iv colloidal iodine given once daily for 10 days.

Results: Shrinkage of esophageal cancer was noted with improvement of the narrowing and decreases in tumor markers.

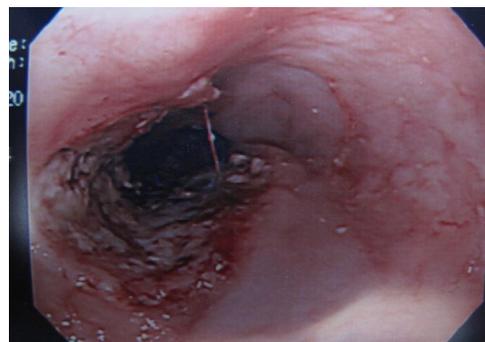
Results) Shrinkage of esophageal cancer was noted with improvement of the narrowing and decreases in tumor markers.

Discussion) Administration of colloidal iodine inhibited the paraneoplastic macrophages of esophageal squamous cell carcinoma origin leading to an improvement of the malignant tumor environment and potentiating the antitumor effects of chemotherapy. Concomitant use of colloidal iodine in addition to chemotherapy improved the cancer tumor environment and may have allowed us to overcome multidrug resistance.



2015.September

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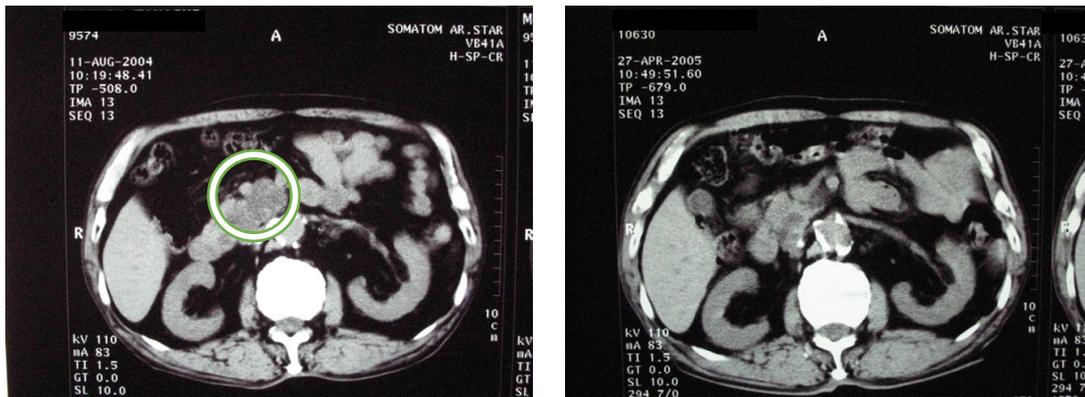
Aftertreatment

Case⑨ 75-year-old woman with unresectable pancreatic cancer

Clinical course) This patient was diagnosed in March 2015 with unresectable Stage IVb pancreatic cancer. Chemotherapy was ineffective and in October 2015 the patient started treatment with thermochemotherapy, hyperbaric oxygen, and colloidal iodine iv infusion. Four weeks later, CT images revealed a marked shrinkage of the tumor with improvement in tumor marker levels (CA19-9).

Treatment) Chemotherapy with 150 mg of Abraxane + GEM 600 mg once every 3 weeks for 2 courses. Thermochemotherapy and hyperbaric oxygen therapy were administered 10 times each. Colloidal iodine was given twice a day at a dose of 200 mL per dose for 10 days.

Discussion) Administration of colloidal iodine potentiated the effects of low dose chemotherapy, thermochemotherapy and reduced adverse effects. By avoiding adverse drug reactions, it was possible to continue long-term use of chemotherapy.



Pretreatment



Aftertreatment

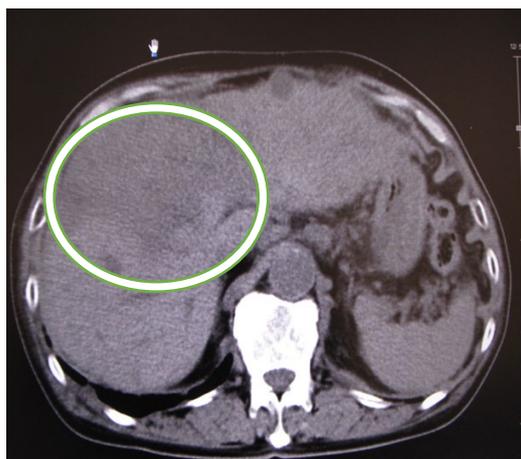
Case⑩ 72-year-old man with hepatic metastases after surgery for gastric cancer

Clinical course) In April 2014, the patient underwent gastrectomy for gastric cancer. In July, 2017, liver metastases was discovered and failed to respond to chemotherapy. The patient therefore presented to our department.

Treatment) 150 mg Abraxane® injection + Xylamza® injection with thermotherapy and hyperbaric oxygen treatment with 200 mL x 2 doses/day of colloidal iodine iv together with oral ingestion for 1 month. The result was marked shrinkage of liver metastases.

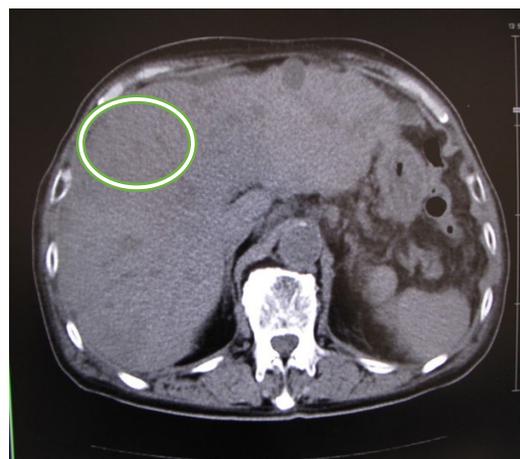
Results: Shrinkage of esophageal cancer was noted with improvement of the narrowing and decreases in tumor markers.

Discussion) This patient experienced rapid shrinkage of widespread liver metastases together with tumor lysis syndrome. During concomitant use of colloidal iodine and chemotherapy, it is important to stay wary of this complication, even in solid tumors. In cancer patients with hepatic metastases, the ingestion of colloid iodine with iv infusion is highly effective.



2014, February 7

⇒



2014, March 2

Case ⑪ 62-year-old man with intrapelvic recurrence after surgery for rectal cancer

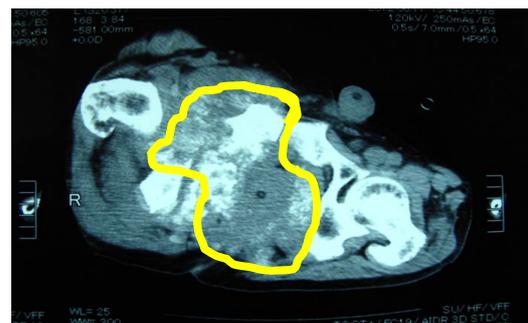
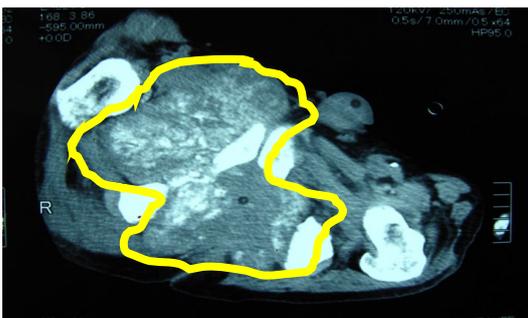
Clinical course) In September 2014, the patient had undergone surgery to treat rectal cancer.

Thereafter, an intrapelvic lesion recurred and despite treatment with chemotherapy and radiotherapy, disease activity could not be controlled and the patient visited our institution

Treatment) The patient was treated with 2 courses of XELOX + Avastin(R) injection with 100 mL x 2 doses/day for 14 days of colloidal iodine injection together with thermotherapy and hyperbaric oxygen therapy. Thereafter, the intrapelvic tumor stopped growing and shrinkage was observed.

Discussion) Before shrinkage of the tumor during the course of treatment, lesion growth was initially noted in a form of pseudo-progression. This phenomenon is often observed with immune checkpoint inhibitors and colloidal iodine formulations are believed to have a similar mechanism of action as immunotherapy.

Can be effective in KRAS mutation +



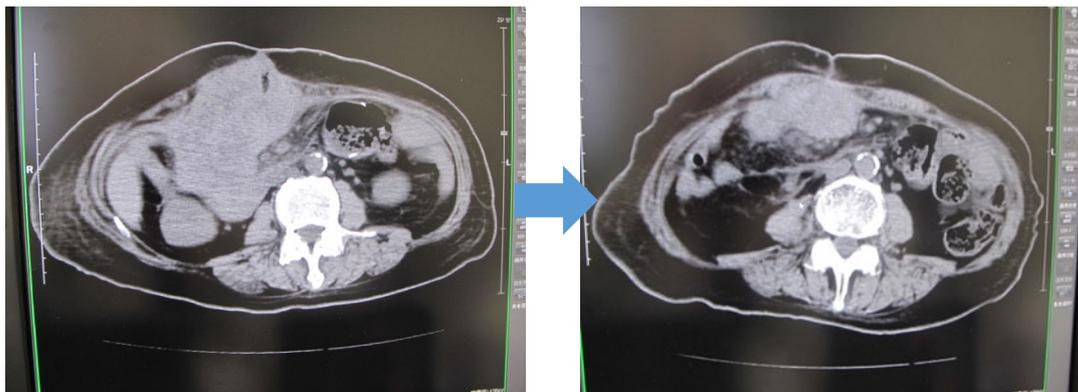
Aftertreatment

Case 12 82-year-old woman with recurrence after transverse colon surgery

Treatment Course) The patient received transverse colon surgery for colon cancer in June 2017. In February 2019, the cancer recurred as a huge mass with a fistula in the peritoneum and abdominal wall. The patient was started on XELOX + Avastin in March. In addition to thermotherapy, hyperbaric oxygen therapy, and oral XERODA, the patient also ingested a colloidal iodine preparation. Colloidal iodine was also injected through the fistula and the site lavaged multiple times.

Results of treatment) After approximately 1 month, closure of the abdominal wall fistula was observed with marked shrinkage of the tumor volume to 40% of the original size.

Discussion) B This is a case where marked improvement with tumor mass shrinkage was obtained after just 1 month. Ordinarily, such marked results are unusual and direct injection of the colloidal iodine into the tumor is believed to be the major reason for the rapid and efficient outcome with this therapy. Direct shrinkage is believed to be due to improvement of the tumor environment.



Colloidal iodine was injected into the cavity formed by the cancer tissue and lavaged for a direct shrinkage effect on the cancer.

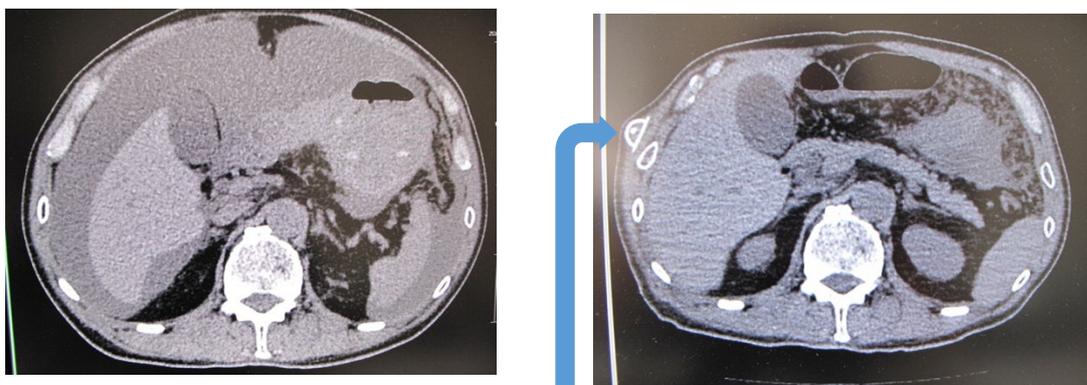
Case 13 61-year-old man: Scirrhus gastric cancer with peritoneal dissemination and severe ascites

Clinical course) In January 2017 the patient presented with loss of appetite and abdominal bloating which led to a diagnosis of scirrhus gastric cancer. The patient was already ineligible for surgery and was told he would only be given palliative care with oral TS-1 administration. In July of the same year, he presented with a decrease in oral intake and difficult moving and so he was admitted to our hospital for treatment. After admission, despite attempts at Cell-free and Concentrated Ascites Reinfusion Therapy there were no improvements in ascities and so Denver peritoneovenous shunt was inserted. For this procedure, after draining off a massive amount of ascites, 1500 mL of colloidal iodine solution was used for replacement instead of the traditional normal saline solution. The pH of the ascites is usually ≥ 7.3 while the colloidal iodine solution is strongly alkaline at pH 8.5 but it could be used as replacement with no issues. Thereafter, no further accumulation of ascities was noted.

treatment) Before the start of chemotherapy, 200 mL of colloidal iodine was used once daily for 10 consecutive days. Thereafter, chemotherapy was administered. Treatment with 120 mg of paclitaxel (Abraxane®) + Ramucirumab (Cyramza®) injection was now possible and concomitant thermotherapy and hyperbaric oxygen treatment was also instituted. Just 1 month after the start of treatment, the patient was ambulatory and became capable of oral alimentation and could be discharged.

Discussion) In patients with ascites, appropriate adjuvant therapy involves concomitant use of Denver Shunt placement and hyperbaric oxygen therapy. While draining ascitic fluid, the fluid is replaced with colloidal iodine thus enabling chemotherapy and thermotherapy to achieve better efficacy. In patients with peritoneal seeding, colloidal iodine was safely administered into the peritoneal cavity and due to direct administration into the peritoneal cavity, the result was an improved microcirculation environment.

Denver peritoneal vein shunt placement : 7 days later



Shuntchamber

((Contact))

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